

**Florham Park Public Schools
2016/2017
Transportation Request**

_____ We are requesting Subscription Pupil Transportation for SY 2016/2017 (fee enclosed)

_____ We are eligible for transportation according to NJSA 18A:39-1

_____ We are eligible for transportation as part of my child's IEP

Name of Parent/Guardian: _____

Street address: _____

Email address: _____

Emergency Phone # : _____

	Name of child	School	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Amount enclosed _____ (\$425.00 per student, \$1,000.00 maximum for families of three (3) or more.

All requests for busing require that this form be submitted. Payment must accompany this form for Subscription Busing. All forms should be returned to the Board Office by Friday, July 29, 2016. Checks will be deposited immediately.

Please make check payable to: Florham Park Board of Education

***Return form and check to:
Florham Park Board of Education
PO Box 39
Florham Park, NJ 07932
Phone: 973-822-3880 x1002
Fax: 973-822-0716***